



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

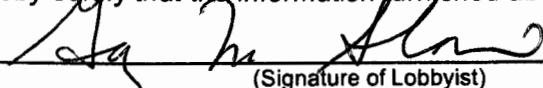
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MultiState Associates Inc. on behalf of U.S. Smokeless Tobacco Co.		703-684-1110
MAILING ADDRESS (Street)		FAX
515 King Street, Suite 300		703-684-7912
(City)	(State)	(Zip Code)
Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Paul W. Hallman		703-684-1110
MAILING ADDRESS (Street)		FAX
515 King Street, Suite 300		703-684-7912
(City)	(State)	(Zip Code)
Alexandria	VA	22314

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	X Health	Planning, Land & Water Use Management	Other: (indicate below) Taxation
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

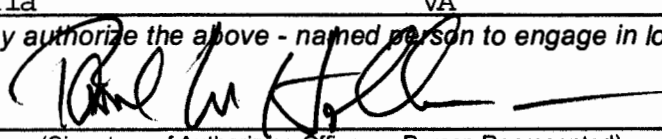
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/25/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paul W. Hallman		President, Multistate Associates Inc.	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MultiState Associates Inc.		703-684-1110	
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300		703-684-7912	
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		12/16/04 (Date)	